WI

West Islip Public Schools

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: Elizabeth Davis, Records Access Officer

MAIL 100 Sherman Avenue
West Islip, NY 11795

EMAIL e.davis@wi.k12.ny.us

FAX {631} 893-3212

Name _____ Address _____

Phone _____ Email* _____
{if requesting records electronically}

**I understand that communication via email is inherently insecure and that the West Islip UFSD cannot and does not guarantee that information transmitted via email will not be intercepted and/or received by third parties. Notwithstanding, I hereby consent and authorize the West Islip UFSD to send records to me electronically.*

_____
Signature

1. I hereby apply to inspect the following records{s}:

2. I hereby apply for a copy of the following records{s}:

New York State Law does not require you to indicate the purpose for requesting access to records. For record-keeping purposes, please complete the following. Check all that apply.

I am _____ A parent of a child currently enrolled in the West Islip UFSD
_____ A resident of the West Islip UFSD
_____ A taxpayer of the West Islip UFSD
_____ A graduate of the West Islip UFSD Year of graduation _____
_____ Other

Signature _____ Date _____

Representing: _____
{if applicable}

FOR SCHOOL DISTRICT USE ONLY

Approved _____ Date inspected _____
Date copied _____

Denied _____ Record of which this school is legal custodian cannot be found _____
Record is not maintained by this school district _____

Signature of Records Access Officer _____ Date _____

NOTICE You have the right to appeal denial of this application to the Superintendent of Schools, who must fully explain the reasons for such denial in writing, ten {10} days after receipt of an appeal. Appeal should be sent to:

Dr. Paul Romanelli, *Superintendent of Schools*, 100 Sherman Avenue, West Islip, NY 11795

I hereby appeal the denial. Signature _____ Date _____